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ABSTRACT

Self esteem in the learning disabled (LD) child is considered in terms of family, school, and peer influences. A review of the literature points out that the LD child seems to have a greater need than the normal child for parental support which helps to establish high self esteem. Performance, and not potential, appears to be the more important factor in maintenance of high self esteem in LD children. In the classroom, if a student begins unsuccessfully, the teacher perceives him as such, begins to treat him as unsuccessful, and reinforces his poor self concept. Lack of peer acceptance is significantly related to poor self concept. The child may see his learning disabilities as originating within himself, extending to all performances, and this may result in learned helplessness and depression. (SW)

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THE RELATIONSHIP OF SELF-ESTEEM
AND
LEARNING DISABILITIES

by
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The Relationship of Self-Esteem and Learning Disabilities

There are many experiences accumulated throughout a lifetime which contribute to self-esteem. An analogy can be drawn between the development of self-esteem and the construction of a building. A foundation is constructed of the building blocks of family size, ordinal position, parental self-esteem and values, sex, early illnesses, religion and many other factors (Coopersmith, 1967). A major building block in the self-esteem structure is the parent-child relationship, including such areas as permissiveness, acceptance, punishment, democratic family practices and training for independence. To this structure are added the child's experiences with peers, teachers, self-control and his own abilities.

The self-esteem structure is built over the years. The young child first distinguishes the concept of "me" from "not me" during the preschool years. In the ensuing school years, ages 6-12, the child embarks on a period described by Erickson (in Liebert, Poulos, & Marmor, 1979) as a time to attempt mastery of tasks. Ideally, at this time the child will experience success and develop a sense of confidence in his ability, which will help him meet future challenges. In some cases he experiences failure and develops a sense of inferiority which affects future learning and mental health. It is this latter condition

which describes many learning disabled youngsters.

Definition of the Problem

Jensen (1976) states, concerning the problems of the low achiever,

Low self-concept is in fact a fairly good indicator of his state of mental health; that is, low self-concept is highly correlated with a variety of negative phenomena such as maladjustment, deviance, delinquency, drug abuse and psychopathological behavior (p. 8).

This condition describes many learning disabled youngsters. Rosenberg and Gaier (1971) conclude that "There is a significant and persistent relationship between self-concept and achievement at all levels of education" (p. 290). They conducted a study of adolescent boys in a special class matched with normally achieving boys of the same general intelligence. They found significant lower self-esteem in the areas of general self, social self-peers, and academics.

Definition of Terms

An examination of the development of self-concept in the learning disabled child must begin with definition of terms. Coopersmith defines self-concept as "... the evaluation which the individual makes and customarily maintains with regard to himself." (p. 5) Adamson (1979) quotes Public Law 94-142 in defining "learning disabled" as being "Those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect

ability to listen, think, speak, read, write, spell or do mathematical calculations." (p. 10)

Family Influences on Self-Esteem

Coopersmith (1967) conducted extensive studies examining the antecedents of self-esteem. He studied 85 normally functioning white, middle class males, ages 10-12. He utilized his own instrument, the Self-Esteem Inventory, and also the Thematic Aperception Test, with these students. Teachers evaluated the students' actual behavior indicators for self-esteem, parents were given questionnaires and were interviewed, and final correlations were made between students' and teachers' ratings of student self-esteem. Coopersmith found that there was extreme divergence of ratings in less than 10% of the subjects.

Final conclusions drawn from the study led him to the following statements:

1. Youngsters with high self-esteem have parents who extend respect and freedom to them. This is done within the framework of a set of clearly defined rules concerning appropriate behavior. Thus the child has a standard against which he can measure his own degree of performance.
2. Youngsters with high self-esteem set high goals for themselves, and then maintain their high self-esteem by meeting these goals.

2. High self-esteem youngsters appear most able to bounce back from adversity without retreating into feelings of helplessness.
4. The child with medium self-esteem is more dependent on parents, more likely to adopt parental values, and to rely on the opinions of others to confirm their own self-esteem.

Two of Coopersmith's studies are of particular interest when studying learning disabled youngsters. Those with low self-esteem had the lowest mean I. Q. scores. Low self-esteem youngsters also reported themselves as having a low grade point average 40.7% of the time, more than twice that of the medium and high self-esteem youngsters. These findings would have been more reliable if the grade point average had been reported by school sources, rather than by students who are confirmed as having low self-esteem. However, it does indicate a general relationship of low school success with low self-esteem.

Coopersmith notes,

The correlation between subjective self-esteem and intelligence is .28 and between self-esteem and academic achievement is .30. Although both correlations indicated a statistically significant relationship ($p < .05$), they also indicated that the vast bulk of the contributing determinants cannot be ascribed to the individual variables ... to assume that self-esteem is largely a function of intelligence appears to be simplistic on several grounds. (p. 129)

He then lists the other important factors contributing to

self-esteem such as early childhood experiences, parental characteristics, parental attitudes and treatment, feelings of power, significance and virtue. In his estimation, data such as those shown for intelligence and achievement exert minor, although significant influence.

The learning disabled child would seem to have an even greater need than the normal child for parental support which helps to establish high self-esteem. The majority of these youngsters appear to fall in the low category of self-esteem. Exceptions might be those who achieve success in other areas such as athletics or social skills, and are sufficiently rewarded by these achievements to compensate for low academic performance.

Kronick (1974) describes the learning disabled child as tending to be less rewarding to a family than his non-disabled siblings, and therefore receiving less positive reinforcement. He describes some of these youngsters as standing out from their families and feeling like "the only learning disabled person in the world" (p. 25). An example is the child from a highly verbal family whose speech is inhibited by language organization and memory disorders. The child may also be a hyperactive dynamo in a quiet, slow-moving family.

School Influences on Self-Esteem

Newton (1976) describes the typical learning disabled child as claiming that he doesn't care about school and learning, as a defense against his chronic anxiety from con-

stant failure. He may throw all his energies into other areas such as sports or being the biggest bully in the class. Erikson (in Sobol, 1970) traces the events which form the young child into the unfortunate student described above. During the ages six to twelve the individual either experiences success and develops a sense of industry which will support him in learning new tasks and information, or he experiences failure and develops a sense of inferiority that will adversely affect future learning and mental health. (p. 10). Dubnoff (1970) describes the child with developmental problems,

The learning disabled child often responds inadequately to sensory stimuli. He cannot master (Erikson's) phase four, when the child works toward maturity of bodily and mental skills. In school the emphasis is wholly on visual-perceptual tasks. He gives up. Years of frustration and failure reinforce low ego. (p. 38)

The vital skill of reading is the most vulnerable for learning disabled youngsters. Black (1974) hypothesized that high self-esteem would be negatively related to low reading achievement, and positively related to high test achievement in 50 school children with a mean age of 11½. Twenty-five students were failing one or more subjects and were referred to a clinic for evaluation. The others were normal achievers. All were tested with the WRAT, WISC, and Piers-Harris Childrens' Self Concept Test. The mean IQ for retarded readers was established at 99.1, while the nor-

mal readers' mean was 103.2.

There were significant differences ($p < .05$ level) between self-concept of retarded readers having the lower self-concept. The level of self-concept was inversely related to degree of underachievement on standardized tests, even in those students designated as normal readers. There was also a significant decrease in self-esteem with increasing age and grade. There was insignificant relationship between self-concept and IQ.

It would appear that performance, and not potential, is the more important factor in maintenance of high self-esteem in learning disabled children. However, the learning disabled child, with his erratic style, sometimes experiences academic successes that make matters worse, for now the teacher may take the position that "He could do it if he just tried harder." Another "Catch 22" situation is presented when the child has trouble mastering the work, and it's his failure because he has a learning disability. He finally catches on, and it is the teacher's success, because she is such a good teacher. At such times parents and others who care must help the youngster recognize the defenses that have been built up, and get him to express his feelings and face his problem squarely.

The Self-Fulfilling Prophecy

Rosenthal, who first proposed the principle of the

self-fulfilling prophecy, illustrated how a teacher may hinder, rather than help the low achiever. He and Jacobsen (1968) studied a group of elementary aged children, giving every child an IQ test. They then gave teachers the names of approximately 20% of their classes, describing these students as having been identified as "bloomers." The teachers were told they could expect dramatic gains from these youngsters in the next eight months. Actually, the only difference between these children and their classmates was in the minds of the teachers.

At the end of the school year all the children were retested with the same instrument. Children identified as "bloomers" had gained two points in verbal, two points in reasoning and four points total more than the rest of their classmates. Teachers, when asked to describe all their students, saw the "bloomers" as more curious, happier, more appealing, better adjusted and more affectionate, with less need for social approval, than the rest of the class. Teachers reacted negatively, and in inverse proportion, to IQ gains in non-bloomers, giving them less favorable descriptive ratings. Rosenthal and Jacobs concluded that there is danger to children of low ability groups when they demonstrate unpredicted intellectual growth, at least in the eyes of teachers.

In commenting on this study, Hayes (1979) theorizes

that the self-fulfilling prophecy works in the following way; the teacher causes the student to conform to suggestions either through warm and pleasant behavior, or lack of it. The student is receiving many visual and verbal cues of approval or disapproval of his behavior. He learns by these subtle cues whether or not he is conforming to the teacher's idea of how he should behave. In turn, the teacher sees the student behaving as she expects him to. This reinforces the teacher's belief in the prophecy, and the cycle continues on. In the classroom, if a student begins unsuccessfully, the teacher perceives him as such, begins to treat him as unsuccessful, and reinforces his poor self-image. (p, 15)

Brophy and Good (1970) studied teacher interactions with children for whom the teachers had predicted levels of achievement early in the year. The investigators collected data from three first grade classes. In late September each teacher supplied a list ranking children in order of achievement. In each of the nine classrooms, sixteen two and one-half hour observations were made, measuring the quantity and quality of teacher-child interaction. Then questionnaires were sent to the teachers to establish attitudes regarding each child. The questions were:

1. If you could keep one student for another year for the sheer joy of it, who would you pick?
(attachment attitude)

2. If you could devote all your attention to a child who concerns you a great deal, whom would you pick? (concern attitude)
3. If a parent were to drop in unannounced for a conference, whose child would you be least prepared to talk about? (indifference attitude)
4. If your class was to be reduced by a few children, who would you have removed? (rejection attitude)

Teacher achievement ratings were then compared with the scores of each attitude group in a one-way analysis of variance. Equal numbers of boys and girls appeared in the attachment, indifference and concern groups, but the teachers nominated twice as many boys as girls in the rejection group. Achievement status was related to all four attitudes, with the attachment group composed of high achieving students, while the other three groups were mostly low and average achievers. Children in the middle range of achievement were mentioned frequently only on the indifference item. Low achievers appeared mostly as objects of teacher concern (especially if girls) and rejection (especially if boys).

With those student for whom they held high expectations, teachers were more likely to praise correct answers, less likely to criticize wrong answers, more likely to follow wrong answers with a restatement of the problem (giving

the child a second chance) and more likely to provide feedback after each answer.

The "official" labelling of students with learning disabilities serves to "set up" the child, as illustrated by Brophy and Good, and Rosenthal and Jacobsen. When a pupil is seen as handicapped, a logical explanation is provided for why he may not learn. As a result, the teacher in a regular classroom does not expect him to learn very much, and often he doesn't, largely because he is not stimulated to do so. Labelling places the blame for low achievement and failure directly on the child rather than the subject matter or the teacher.

Peer Influences

Rosenberg and Gaier (1971) administered the Coopersmith Self-Esteem Inventory to 23 learning disabled adolescents who were matched with a control group for age, intelligence and grade level. Students were rated on self-esteem in the areas of school achievement, home and parents, general self and social self-peers. Results showed that the social self-peer concept was the lowest area for the learning disabled students.

Bruininks (1978) examined the effect of peer relations on learning disabled students. Twenty-three elementary age learning disabled and 25 regular classroom peers were compared for peer status, self-concept, perceived peer

status, friendship preference and inter-personal needs. Instruments employed were Bruininks' Peer Acceptance Scale, Coopersmith's Self-Esteem Inventory, and the Fundamental Interpersonal Relations Orientation-Behavior measure. It was found that learning disabled students were less popular and had poorer self-concepts than contrast students and were less accurate than normal students in assessing their own social status. They appear to have chosen friends on the same basis as the controls, and showed the same socializing needs. They did show a significantly higher need to express control. The t test for independent groups was used to compare personality measures for the two groups; learning disabled and controls. Significantly lower self-concept scores were shown for the learning disabled group than the controls. Both groups showed the same needs for affection, inclusion, and the need to be controlled by others. The learning disabled group showed a higher need to control. Bruininks questioned whether the need for control could be the result of these students trying to cope with hyperactivity and emotional problems, or more subtle factors to be identified through further research.

The magnified importance of social status during adolescence may lead to lower measures of self-esteem than in the elementary age subjects just discussed. During a time when

peer acceptance is of the greatest importance, the learning disabled adolescent often commits one social blunder after another. Noll (1979) tells of the classroom where everyone is laughing long and loud, and finally stops - except for the learning disabled child. The adolescent with poor visual perception is the one who has numerous accidents with the family car. Auditory memory problems lead to class lectures which go in one ear and out the other, leaving this student unprepared and feeling "dumb" when called on in front of his peers. Hoeppel (1979) attributes such problems to a visualization deficit, where the student cannot picture things out of sight. A football player with a visualization problem can't make head or tail out of the plays he is supposed to memorize. The other players may become aggravated with him because he causes them to have to run through plays over and over. The adolescent who falls for the same practical joke over and over and "doesn't see it coming" is another example of conceptualization deficit. Peer attitudes become negative when the learning disabled student can't read the subtle warning in a look or a tone of voice. Lack of peer acceptance, as shown in many studies, is significantly related to poor self-concept.

Potential for Learned Helplessness

Hayes (1979) relates Seligman's findings that unsolvable cognition problems are the most common cause of learned

helplessness. In this situation, the child sees his learning problem as being "internal, stable and global." (p. 10) In essence, he believes that he is responsible for his condition, which extends to all his abilities, at all times.

Seligman describes the disadvantaged child as being most vulnerable to learned helplessness. A repeating pattern begins with the parents, who have suffered deprivation themselves. They are too overburdened to give their children needed warmth and affection. These parents offer less sensory stimuli and permit less childish questioning and chatting. The child, discouraged from talking at home, does not develop the vocabulary of less deprived children.

The child's school experience shows him that he lacks basic skills and so he may withdraw from academic competition, and become shy and withdrawn. He sees his inability as internal, stable and global. Seligman gave subjects in one of his studies unsolvable problems to do, telling the subjects that others had done them correctly. The subjects became helpless because they felt the deficit was within themselves. When he told other subjects that no one had been able to solve the problems, they did not develop helplessness because they saw the source of their problems as external. The youngster who sees his learning problem as originating within him, in all areas and for "the rest of his life" will withdraw more and more, losing interest in all activities. According to Seligman, this can lead to depression and even

suicide. (p. 12)

Summary

Self-esteem has been described as a person's ongoing evaluation of himself. The learning disabled child experiences the same early influences as children in general. When reaching school age, the child must rely on early experiences and self-esteem for support in meeting academic challenges. If parents have offered respect and freedom, while setting down clearly defined rules of behavior; if other variables such as type of learning disability, other talents, influences such as teachers and peers and other factors have been in his favor, the child may be well equipped to face and deal with learning difficulties. If, on the other hand, low self-esteem has been established in early years, the child will not have the inner strength and feeling of control to avoid a retreat into learned helplessness.

Research shows the learning disabled child has a lower self-esteem than his normal schoolmates. In extreme cases, the child sees his learning disabilities as originating within himself, extending to all performances, and lasting for as long as he lives. The field is wide open for research into methods for improving self-concept in learning disabled youngsters as well as the personal factors affecting the child. Such skills as athletics, music, art and socialization may provide enough self-esteem to negate the influence of low academic achievement.

Our challenge is to tap the source of self-esteem
expressed in this poem written by a learning disabled
junior high school student. (Nall, 1969)

Now I lay me down to cry
Many tears come out my eye
Then I look up in the air,
Then I look down and say a prayer.
All the bad kids say I'm dumb
They laugh at me and call me a bum
They keep on doing it till I'm sick
All they want to do is pick.
Please help me make them stop
Because I know I'm really not.

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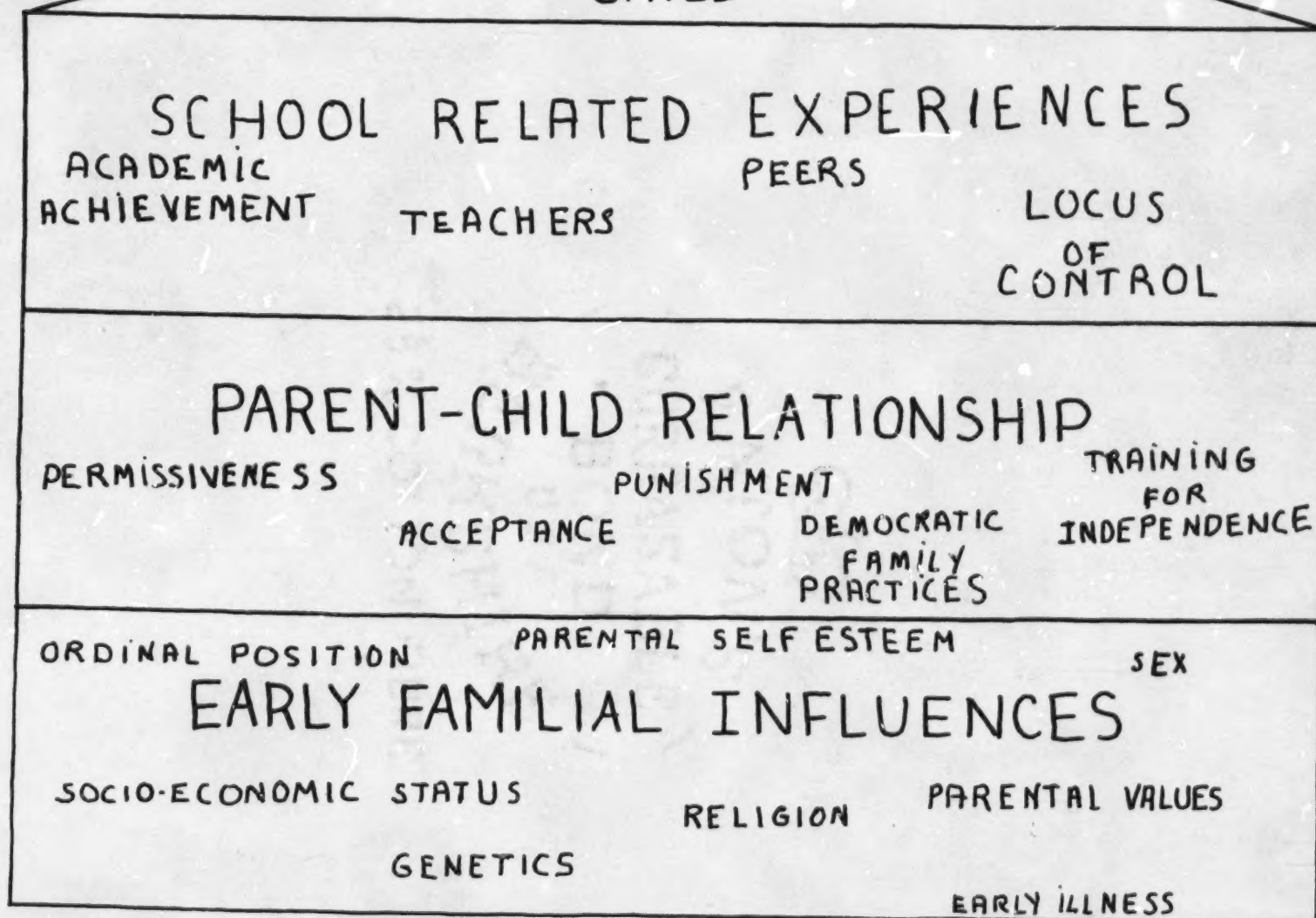
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EATON'S
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FIGURE I

THE
LEARNING DISABLED
CHILD



CONTRIBUTING FACTORS IN THE BUILDING
OF SELF-ESTEEM